Montana WIC

Nutrition Program for Women, Infants and Children

Breastfeeding Education Plan

		Fiscal \	rear: 2017		
Local Age	ncy:		WIC Director:		
	C	Complete all sections of pla	an and submit to the	e state office	
I. Briefly describe prior year activities including any successes or challenges:					
II. De	Describe needs of local clinic, participant population, and/or staff:				



III.	Choose at least one area of focus for Data in your local	agency:
	Level One	Level Two
	□ Initiation (81.9%)	
	☐ 3 months, any (71.25%, no national target but midve between initiation and 6 months targets)	vay
	□ 6 months, any (60.6%)	☐ 6 months, fully
	□ 12 months, any (34.1%)	☐ 12 months, fully
	Any Local Agency Program may choose from Level One. surpassed the national targets for all of the Level One o Level One option or select a Level Two option.	- · · · · · · · · · · · · · · · · · · ·
IV.	Choose at least one area of focus for Breastfeeding Ed	ucation in your local agency:
	Please use local agency breastfeeding data to direct ye	our plan
	Staff competency: Provide staff with training in	oreastfeeding
	Community: Collaborate with local providers an	d groups to support breastfeeding mothers
	Targeted Education: Develop or identify evidence breastfeeding (initiation, duration or overcomin	
Desc	ribe (in detail) activities associated with focus area, inclu	ding outreach and promotion:
Mon PO E	ntion: Chris Fogelman, WIC Breastfeeding Coordinator tana State WIC Program Box 2052951	
	na, MT 59620-2951 (406) 444-0239 or email: <u>cfogelman@mt.gov</u>	
Ques	tions? Email cfogelman@mt.gov or call 1-800-433-4298 o	r 406-444-5285,

Updated 3/28/16

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